Choices for Care
Year II
Quarterly Report April 2007–June 2007

INTRODUCTION

This period marks the third quarter of the second year of operation of the Choices for Care waiver. This year's report focuses on the actual growth and trends of the program. The data report is submitted in a separate document. A description of major accomplishments and activities follows.

MAJOR ACCOMPLISHMENTS AND ACTIVITIES:

As the Choices for Care program matures, we continue to refine our systems and make program modifications based on the identified, unmet needs of our consumers and input received from providers. This quarter is marked by the development of a policy which allows spouses of Choices for Care individuals to be paid as caregivers. To develop this option, the Department of Disabilities, Aging and Independent Living (DAIL) convened a committee comprised of consumers, case managers, service providers, state staff who work at the local level (Long Term Clinical Coordinators), and state staff from other units of the department's Division of Disability and Aging Services, including the Attendant Services Program, which has a long history of paying spouses as caregivers using state general funds, Developmental Disability, and Quality Assurance. The committee reviewed state and national literature, including a 2003 report from a consumer focus group, conducted by Commissioner Patrick Flood on this topic. They also surveyed a range of Vermont Choices for Care providers as well as ancillary agencies that might have an interest in this new policy. The Committee developed draft criteria and policy and presented this to the Leadership Team of the Division of Disability and Aging Services (DDAS). After considerable review and modification, the Department released the policy to the provider network for comment. The final policy was released in March with an effective date of May 1, 2007. A copy of the policy is provided under separate cover.

Enrollments from the High Needs waiting list continued during this quarter. As of June 30 there were no people on that wait list. Careful financial monitoring allowed us to determine that expenditures in the Highest Needs Group were below the anticipated amount and the budget could continue to absorb new High Needs people. This has helped reduce the wait list for the Moderate

Needs group by transferring High Needs individuals who had been receiving Moderate Needs service while they waited to come off the High Need wait list.

The Department has also convened a group to review the Moderate Needs Group, the expansion group in the waiver. The Moderate Needs Group was designed to offer a limited range of services to individuals who do not meet the clinical or financial requirement for long term care but, who we can reasonably expect would eventually reach that level of need without early intervention. The intent was to measure the effectiveness of providing these services as a preventative method of delaying institutionalization, use of the more expensive services and maintaining quality of life. The services available to Moderate Needs individuals are limited to 12 hours a year of case management service, up to 6 hours per week of homemaker service and up to 30 hours per week of adult day service. Challenges in this program are the: (1)large number of individuals who, due to being placed on the High Needs wait list, utilize the Moderate Needs program as a stop gap measure; (2)challenges faced by the Home Health Agencies to provide adequate homemaker staff; and (3)variability of the need by individuals for greater or lesser case management services. Additionally, the original concept was that potential consumers would enter the Moderate Needs "door" through the provider of service. This has resulted in many communication and process challenges among providers. A committee comprised of representatives of all the Moderate Needs Group providers as well as state staff continues to examine the program and discuss options for improvement.

As noted in the previous quarterly report, the Choices for Care program has been identifying barriers to our ability to appropriately meet the long term care needs of individuals who have particularly challenging complex physical and/or behavioral conditions. These challenging individuals may be persons who are difficult to discharge from the local community hospital and/or from the Vermont State Hospital because there is no other identified appropriate environment that will accept them. Other challenging placements are individuals in the Correctional system that have long term care needs and are close to completing their sentences. As expected, community providers have limited ability and experience in serving individuals with challenging behaviors and complex medical conditions and many nursing homes are reluctant to serve them because of safety concerns and what they characterize as inadequate reimbursement. DAIL had been meeting weekly with discharge staff from Fletcher Allen Health Care, Vermont's largest hospital, to assist in facilitating discharges and finding placements. These meetings evolved into the creation of a Long Term Care Task Force led by the Director of the Individual Supports Unit. This committee is charged with undertaking an examination of the

challenges and barriers to meeting the unique needs of these individuals. The Committee is currently examining the challenges that contribute to discharge delays from acute care facilities and will recommend solutions. During this quarter, the committee gathered information from each of the affected entities; hospitals, nursing facilities, home health agencies, and case managers.

At the same time, another committee is meeting to assist with appropriate placement for individuals who no longer require the services of the Vermont State Hospital (VSH), but need long-term care services. A protocol between DAIL and VSH has been developed, agreed upon by all parties and is in place. Another important product of this group's work is a Memorandum of Agreement with the Department of Mental Health (DMH). This agreement stipulates that individuals discharged from the Vermont State Hospital, who have personal care needs that qualify them for Choices for Care in addition to a severe and persistent mental illness, will be a priority for DMH funding, which in combination with CFC funds, will significantly assist in finding an appropriate service system/provider for these individuals with significant challenges.

The Quality Management Unit is responsible for monitoring the Choices for Care providers (excluding Enhanced Residential Care and nursing facilities, which are surveyed by the Division of Licensing and Protection). The Quality Management Unit has been developing a final Quality Management Plan for all Division of Disability and Aging waiver services, while conducting quality reviews of Choices for Care providers under an interim plan. The final Quality Review Plan became effective on April 18, 2007. Choices for Care, Developmental Services and Traumatic Brain Injury programs are reviewed using this plan. A copy of the QM plan is included under separate cover.

Quality management activities continue to raise discussion and concern related to the formats and utilization of service planning documents such as the Case Management Action Plan. The Division is meeting internally to look at the plan and how it could be better utilized. In concert with this, another trend raised by quality management activities was the inconsistency of person-centered approaches across service providers. The DDAS is actively pursuing Real Choices Systems Change funds (Person-Centered Planning) in an effort to address these concerns.

PACE-VERMONT opened its door on April 1, 2007. During this quarter, there were 101 inquires and 24 initial intakes completed. Of the 101 referrals, 17 did not meet the basic criteria, 2 were outside of service area and 15 did not meet clinical eligibility. In April, one individual enrolled in the program.

Subsequently, 3 individuals enrolled in May and 3 enrolled in June. Enrollments have been slower than anticipated, so PACE-VERMONT has increased their outreach efforts.

PACE-VERMONT has submitted their expansion application for Rutland and Northern Bennington Counties to the State. Construction has begun at the site in Rutland. The facility will be located in a senior housing site in Rutland.

A separate report by PACE VERMONT is submitted to CMS. Please refer to that document for additional information.

Flexible Choices is a Cash and Counseling model, in which an individual's service plan is translated into a person centered budget. This Choices for Care option is available to individuals who are currently participating in the consumer/surrogate directed service option under Choices for Care. The Flexible Choices option allows for more flexibility in purchasing services and goods that the individual feels will meet his/her unique needs. These are often services and goods that are not available under the "traditional" program, but are necessary to the care and support for the individual.

Unlike the previous quarter, this quarter was one of slow growth and challenges for the Flexible Choices option. After the rapid growth experienced in the last quarter, where the enrollment grew from 5 to 20, this quarter saw a net growth of 5 individuals. Actual newly enrolled individuals numbered 7, however 2 individuals dis-enrolled. The exact reason for this slow down is not clear, however, activities are planned to address these concerns and are expected to impact positively on the next quarter's numbers.

The individuals who use the Flexible Choices option continue to use their resources creatively and appropriately, with one participant using some of his funds to pay off a low-interest loan from the Independence Fund, which had been used to outfit his accessible van.

As the fiscal year came to an end, participants realized they would lose all but $500.00 of their savings resulting in a significant increase in spending on goods and services in the month of June. An initial analysis of spending patterns revealed that, as a whole, Flexible Choices individuals spent over 97% of their allowance. This is significantly higher than the historical 75% utilization rate for the traditional Choices for Care consumer/surrogate directed option. The higher utilization rates by individuals in the Flexible Choices option, indicates that they are able to obtain more of the services they need. This supports the attractiveness of this option.

The Flexible Choices option has been available for almost one year and we have started our quality assurance and quality improvement efforts. The Quality Management Unit interviewed 14 Flexible Choice individuals in June. These individuals represented 14 of the 17 individuals who had started using this option as of March 31 and were still receiving services. The analysis is incomplete, but preliminary information indicates no major problem area from the consumer perspective but a few programmatic issues which require further investigation.

On June 15, 2007 a contract was awarded to the University of Massachusetts Medical School, Center for Health Policy and Research, to undertake the evaluation of Choices for Care. The contract requires a multi-level approach. The evaluator will complete a series of focus groups to identify and elucidate issues related to the implementation and management of the program. The focus groups will be used to obtain perspectives and ideas to assist the State in evaluating Choices for Care and in making ongoing programmatic improvements. Additionally, the evaluator will prepare a logic model and evaluation plan to guide the Choices for Care evaluation. The evaluation plan will include the Choices for Care goals, evaluation goals, and performance indicators, system outcomes and measures, consumer outcomes and measures, a strategy for identifying predictors of nursing home use, methods of data collection, and methods of data analysis. As part of this process, the contractor will host an evaluation roundtable to assist the State in developing specific methods within the evaluation plan. This work is anticipated to be completed by April 2008.